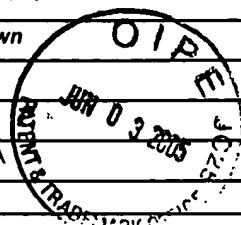


Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/690,650
		Filing Date	October 23, 2003
		First Named Inventor	HIROSHI SAHARA
		Examiner Name	Susan S.Y. Lee
<input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27		Art Unit	2852
TOTAL AMOUNT OF PAYMENT		(\$)	200.00
		Attorney Docket No.	01306.000119

**METHOD OF PAYMENT** (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
15	- 20 or HP = 0	x 0 = 0				
HP = highest number of total claims paid for, if greater than 20						
				0		0

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP = 1	x 200.00 = 200.00	
HP = highest number of independent claims paid for, if greater than 3			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other:	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 30,110	Telephone 202-530-1010
Name (Print/Type)	Lawrence A. Stahl	Date: June 3, 2005	

01306.000119



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Susan S.Y. Lee
HIROSHI SAHARA)	
	:	Group Art Unit: 2852
Application No.: 10/690,650)	
	:	Confirmation No.: 9168
Filed: October 23, 2003)	
	:	
For: IMAGE FORMING APPARATUS)	June 3, 2005
WITH DIFFERENT TRANSPORT	:	
SPEEDS IN TRANSFER UNIT AND)	
FIXING UNIT (As Amended)	:	

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT AND SUBMISSION OF REPLACEMENT DRAWINGS

Sir:

In response to the Office Action mailed May 3, 2005, Applicant submits the following amendments and remarks.

06/06/2005 HALI11 00000029 10690650
01 FC:1201 200.00 OF

IN THE TITLE:

Please amend the title to read as follows:

--IMAGE FORMING APPARATUS WITH DIFFERENT TRANSPORT
SPEEDS IN TRANSFER UNIT AND FIXING UNIT--.